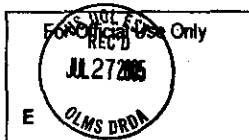


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4105</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>KEN BASTIAN</u>  P.O. Box, Bldg., Room No., if any  Street <u>3030-39th AVENUE</u>  City <u>KENOSHA</u>  State <u>WI</u> ZIP Code + 4 <u>53144</u>	4. Name, file number, and address of labor organization. Name <u>PLUMBERS AFL-CIO #118</u>  Labor Organization File Number <u>040611</u>  P.O. Box, Building and Room Number, if any  Street <u>3030-39th AVENUE</u>  City <u>KENOSHA</u>  State <u>WI</u> ZIP Code + 4 <u>53144</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>DAVE KARLSEN PLUMBING CO.</u>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <u>1951 GROVE AVENUE</u>  City <u>RACINE</u>  State <u>WI</u> ZIP Code + 4 <u>53405</u>	7.a. Nature of Interest, Transaction, or Income. <u>CHRISTMAS BASKET</u>  7.b. Amount. <u>APPROXIMATELY \$40</u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Kenneth Bastian</i></u>	On <u>7-21-05</u>	(262) <u>654-3815</u>
	Date	Telephone Number

Name of Person Filing	KEN BASTIAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name SEGAL COMPANY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 101 NORTH WACKER DRIVE, #500</p> <p>City CHICAGO,</p> <p>State IL. ZIP Code + 4 60606-1724</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>X b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name PLUMBERS &amp; STEAMFITTERS LOCAL 118 KENOSHA UNIT - PENSION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2100 N. MAYFAIR ROAD</p> <p>City MILWAUKEE,</p> <p>State WI ZIP Code + 4 53226</p>	<p>11.a. Nature of such dealing.</p> <p>CONSULT ON PENSION FUND</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$82,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>ATTENDED BASKETBALL GAME AND DINNER</p> <hr/> <p>12.b. Amount. \$50</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	KEN BASTIAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name JOHN MOSSBERG

Trade Name, if any: REINHART, BOERNER, VAN DEUREN, ATTORNEYS

P.O. Box, Bldg., Room No., if any

Street 1000 NORTH WATER STREET, #2100

City MILWAUKEE,

State WI ZIP Code + 4 53202

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PLUMBERS & STEAMFITTERS LOCAL 118  
KENOSHA UNIT - PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2100 N. MAYFAIR ROAD

City MILWAUKEE

State WI ZIP Code + 4 53226

11.a. Nature of such dealing.

SMOOZING TO GET PENSION BUSINESS

11.b. Approximate dollar value of such dealing.

NONE

12.a. Nature of interest held or income received.

GOLF OUTING AND LUNCH

12.b. Amount.

\$120

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing	KEN BASTIAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name HEALTH DYNAMICS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 575 WEST DELUXE PARKWAY

City GLENDALE,

State WI ZIP Code + 4 53212

9. Business deals with:

a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 118 HEALTH & WELFARE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3030 - 39th AVENUE

City KENOSHA

State WI ZIP Code + 4 53144

11.a. Nature of such dealing.

RECEIVES A PORTION OF HEALTH INSURANCE PREMIUMS -NOT SURE HOW MUCH THEY RECEIVE

11.b. Approximate dollar value of such dealing. UNKNOWN

12.a. Nature of interest held or income received.

GOLF OUTING

12.b. Amount. \$50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing	KEN BASTIAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WISCONSIN VISION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5725 -75th STREET

City KENOSHA

State WI ZIP Code + 4 53144

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

REQUESTED LIST OF MEMBERS TO PROVIDE EYE CARE

11.b. Approximate dollar value of such dealing. -0-

12.a. Nature of interest held or income received.

GOLF OUTING

12.b. Amount. \$38

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing	KEN BASTIAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name U S BANK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3314 - 80th STREET

City KENOSHA

State WI ZIP Code + 4 53144

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

SOLICIT BANK BUSINESS

11.b. Approximate dollar value of such dealing.

NONE

12.a. Nature of interest held or income received.

TICKETS FOR GMO GOLF TOURNAMENT

12.b. Amount.

\$60

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <b>KEN BASTIAN</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>HUMANA INC.</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>300 NORTH MADISON STREET, #100</b>  City <b>GREEN BAY,</b>  State <b>WI</b> ZIP Code + 4 <b>54301</b>	<b>9. Business deals with:</b>  a. Labor Organization  <input checked="" type="checkbox"/> b. Trust  c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <b>LOCAL 118 HEALTH &amp; WELFARE</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>3030-39th AVENUE</b>  City <b>KENOSHA,</b>  State <b>WI</b> ZIP Code + 4 <b>53144</b>	<b>11.a. Nature of such dealing.</b>  <b>RECEIVES A PORTION OF HEALTH INSURANCE PREMIUMS-NOT SURE HOW MUCH THEY RECEIVE</b>  <b>11.b. Approximate dollar value of such dealing.</b> <b>UNKNOWN</b>  <b>12.a. Nature of interest held or income received.</b>  <b>GOLF OUTING</b>  <b>12.b. Amount.</b> <b>\$75</b>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>14.a. Nature of payment.</b>          
<b>13.b. Is the Business an Employer or Consultant ?</b>	<b>14.b. Amount of payment.</b>

Name of Person Filing	KEN BASTIAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name CIPCO-ED MORTENSEN</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8330 CORPORATE DRIVE</p> <p>City RACINE,</p> <p>State WI ZIP Code + 4 53406</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>X b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>SMOOZING FOR INSURANCE BUSINESS</p> <p>11.b. Approximate dollar value of such dealing. NONE</p> <p>12.a. Nature of interest held or income received.</p> <p>GOLF OUTING</p> <p>12.b. Amount. \$60</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>



Name of Person Filing <b>KEN BASTIAN</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>VALLANI &amp; BECKER, CPA</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>6535 GREEN BAY ROAD</b></p> <p>City <b>KENOSHA,</b></p> <p>State <b>WI</b> ZIP Code + 4 <b>53144</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>PLUMBERS &amp; STEAMFITTERS LOCAL 118- KENOSHA UNIT - PENSION FUND</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>2100 N. MAYFAIR ROAD</b></p> <p>City <b>MILWAUKEE,</b></p> <p>State <b>WI</b> ZIP Code + 4 <b>53226</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>ACCOUNTING SERVICES</b></p>
	<p>11.b. Approximate dollar value of such dealing. <b>\$10,000</b></p>
	<p>12.a. Nature of interest held or income received.</p> <p><b>CHRISTMAS BASKET</b></p>
	<p>12.b. Amount. <b>\$35</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>



**KEN BASTIAN**  
**PLUMBERS AFL-CIO #118**  
**ATTACHMENT TO FORM LM-30**

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

*Ken Bastian*  
Signature

7-21-2005  
Date